



Logon to Virtual Gateway

In order to use the CBHI application, you must logon to Virtual Gateway (go to www.mass.gov/vg and click the link "Logon to Virtual Gateway") and select the Children's Behavioral Health Initiative business service.

Note: See [Logon Assistance Job Aid](#) for more information on accessing the Virtual Gateway.

Viewing CANS

A user designated with an Organization role may view CANS for the organization associated with their login id. Functionality within the assessment system is limited to view-only. Examples of staff in this role are: Case Manager, Clinic Supervisor/Administrator, etc.

1. From the Main Assessment Menu, click the **[View CANS]** tab.

Health and Human Services Wednesday, 11/26/2008 Carl CBHITESTORG Home | Help | Exit

Main Assessment Menu

View CANS | Print Blank Form | Export | CA Reports | Organization Report

2. Click **[View Client]** tab.

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Main Assessment Menu

View CANS | **View Client** | View Organization

Enter MassHealth ID

MassHealth ID* ?

Disclaimer: Entering an Assessment does not guarantee eligibility.

OK Cancel

(* Required Field)

3. Enter the **[Mass Health ID*]**; click the **[OK]** button.

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Main Assessment Menu

View CANS | Print Blank Form | Export | CA Reports | Organization Report

View Client | View Organization

Enter MassHealth ID

MassHealth ID* 022722626 ?

Disclaimer: Entering an Assessment does not guarantee eligibility.

OK Cancel

(* Required Field)



4. Confirm client information; click the [OK] button.

(If not the correct MH-client, click the [Cancel] button to enter another member.)

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Main Assessment Menu

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View Client | View Organization

Confirm Client Information

Client selected : TESTA CHRISTOPHER Date Of Birth 12/07/2004 Sex F


If this is not the correct MH-client, Cancel to enter another member

OK Cancel

A list of the record for the client will display (based upon your role and organization). You may sort the list by the column headings shown in bold and underlined. Multiple pages may appear with arrows at the bottom of the screen for navigation between pages.

5. To view the SED Determination record for the client, click the [View] button.

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[Home](#) | [Help](#) | [Exit](#)

Main Assessment Menu

View CANS

Print Blank Form

Export

CA Reports

Organization Report

View Client

View Organization

CBHI VIEW CLIENT

Client Name	Age	Assessment Reason	Assessment Date	Status	Complete Date	Certified Assessor	Organization	View
TESTA CHRISTOPHER	3 Yr 11 Mo	Initial	11/22/2008	DOCUMENTED ON PAPER	11/25/2008	Carl Garcia-Rios	EOHHS	
TESTA CHRISTOPHER	3 Yr 10 Mo	Reassessment	10/17/2008	IN PROGRESS		Carl CBHITEST	EOHHS	
TESTA CHRISTOPHER	3 Yr 10 Mo	Initial	10/17/2008	IN PROGRESS		Carl CBHITEST	EOHHS	
TESTA CHRISTOPHER	3 Yr 10 Mo	Initial	10/07/2008	IN PROGRESS		Carl CBHITEST	EOHHS	
TESTA CHRISTOPHER	3 Yr 9 Mo	Initial	10/06/2008	IN PROGRESS		Carl CBHITEST	EOHHS	
TESTA CHRISTOPHER	3 Yr 9 Mo	Initial	10/03/2008	IN PROGRESS		Gerald Greene	EOHHS	

6 View Client found, displaying 6 View Client, from 1 to 6. Page 1 / 1

Cancel

The record will appear with a left pane menu and scroll bar on the right to view the record.

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Main Assessment Menu

View CANS | Print Blank Form | Export | CA Reports | Organization Report

View Client | View Organization

Domains / Modules

SED Determination

Summary/Review

CANS Assessment Document

Person Details

MassHealth ID : 822722626

Name TESTA CHRISTOPHER Date of Birth 12/07/2004 Age 3 Yr 11 Mo Gender F

Race AMERICAN INDIAN OR ALASKA NATIVE

Ethnicity AMERICAN

Primary Language ENGLISH

Language at Home ENGLISH

Current Living Situation Home Other

Client's MassHealth Plan Enrollment NETWORK HEALTH

Child CANS Information

Certified Assessor Carl Garcia-Rios Certified Assessor's Employer EOHHS

Assessor Phone Number 617-555-1212 Ext

Date of this Assessment 11/22/2008 Reason Initial

Is this MH client enrolled in ICCP? No

Place of Assessment Home or Foster Home Other

Level of Care Outpatient Treatment

SED Determination

Note:

- The SED Details may be displayed with some gray text if the question is No or wasn't available based upon the answers selected.
- Do not use the Printer icon; this will only print the first part of the record that is displayed on the screen.



Printing a Record (Print-to-Screen)

The record may be printed via the Print-to-Screen (PDF) function.

1. Click on the PDF icon to have the record display in a new window.

Health and Human Services Mass.gov

Wednesday, 11/26/2008 Carl CBHITESTORG Home | Help | Log Out

Main Assessment Menu

View CANS | Print Blank Form | Export | CA Reports | Organization Report

View Client | View Organization

Domains / Modules

SED Determination
Summary/Review

CANS Assessment Document

Person Details

MassHealth ID: 022722626

Name: TESTA CHRISTOPHER Date of Birth: 12/07/2004 Age: 3 Yr 11 Mo Gender: F

Race: AMERICAN INDIAN OR ALASKA NATIVE

Ethnicity: AMERICAN

Primary Language: ENGLISH

Language at Home: ENGLISH

Current Living Situation: Home Other

Client's MassHealth Plan Enrollment: NETWORK HEALTH

Child CANS Information

Certified Assessor: Carl Garcia-Rios Certified Assessor's Employer: EOHHS

Assessor Phone Number: 617-555-1212 Ext: NPI

Date of this Assessment: 11/22/2008 Reason: Initial

Is this MH client enrolled in ICC? No

Place of Assessment: Home or Foster Home Other

Level of Care: Outpatient Treatment

SED Determination

Note: If you do not have Adobe Acrobat currently installed you can download it for free at <http://www.adobe.com>.

You may review, print and save a copy of the record in Adobe Acrobat.

Save a Copy | Search | Select | 100% | Print | Save

Massachusetts CANS Assessment

Person Details

MassHealth ID: 022722626

Name: TESTA CHRISTOPHER Date of Birth: 12/07/2004

Age: 3 Yr 11 Mo Gender: F

Race: AMERICAN INDIAN OR ALASKA NATIVE Ethnicity: AMERICAN

Primary Language: ENGLISH Language At Home: ENGLISH

Current Living Situation: Home Other

Client's MassHealth Plan Enrollment: NETWORK HEALTH

Child CANS Information

Certified Assessor: Carl Garcia-Rios Certified Assessor Employer: EOHHS

Assessor Phone Number: 617-555-1212 NPI

Date of Assessment: 11/22/2008 Reason: Initial

Is this MH client enrolled in ICC? No

Place of Assessment: Home or Foster Home Other

Level of Care: Outpatient Treatment

SED Determination

Identifying Children / Adolescents with Serious Emotional Disturbances¹

Serious Emotional Disturbance (SED) is a term that encompasses one or more mental illnesses or conditions. Whether a member has a SED can be determined by applying either the Part I or Part II below, or both. Identifying a child as having SED is one step in the determination of medical necessity for Intensive Care Coordination. In addition, MassHealth will be tracking SED determinations for future service system improvements for children and families. Accurate identification of children with SED will assist MassHealth improve services for this population in the future.

A child may have a SED under either the Part I or Part II or both*. All criteria in Part I and Part II must be considered and ruled in or out.

Part I:

Please answer the following questions according to your current knowledge of the child or adolescent: other health impairment, or multiple disabilities not including a serious emotional disturbance?

No

(d) A general pervasive mood of unhappiness or depression.

Yes

If yes to (d), is this solely the result of autism, mental retardation, specific learning disability, hearing impairment, visual impairment, deaf-blindness, speech or language impairment, orthopedic impairment, traumatic brain injury, other health impairment, or multiple disabilities not including a serious emotional disturbance?

Yes

(e) A tendency to develop physical symptoms or fears associated with personal or school problems.

Yes

If yes to (e), is this solely the result of autism, mental retardation, specific learning disability, hearing impairment, visual impairment, deaf-blindness, speech or language impairment, orthopedic impairment, traumatic brain injury, other health impairment, or multiple disabilities not including a serious emotional disturbance?

Yes

5. The child / adolescent has SED under Part I - Yes

6. The child / adolescent has SED under Part II - Yes

* The determination that a child meets these clinical criteria is not an evaluation under federal and state laws addressing special education.

Summary/Review

DOCUMENTED ON PAPER Date: 11/22/2008

DEO(s) for this record

Carl CBHITESTDEO

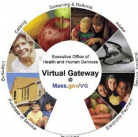
Certified Assessor: Carl Garcia-Rios

¹ This document contains Protected Health Information (PHI) and is provisioned by electronically stored information (ESI).

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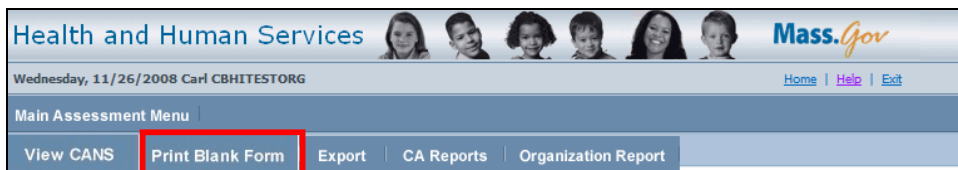
Note: In the previous display the SED details may appear grayed, in the Print-to-Screen the grayed out questions will not be displayed.

When completed, close the browser window () and return to the CBHI application.

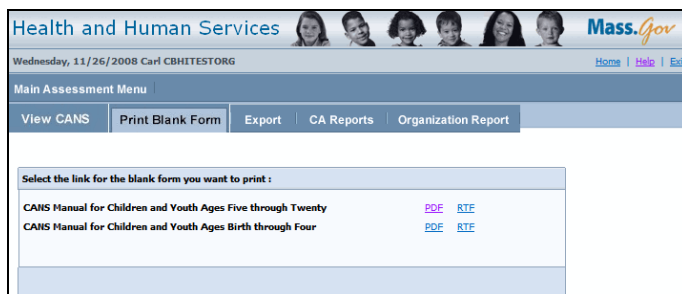


Print Blank Form

1. From the Main Assessment Menu, click the **[Print Blank Form]** tab.



2. Click the option of your choice to print the blank form for the CANS tool documents:
 - PDF (Portable Document Format – Adobe Acrobat)
 - RTF (Rich Text Format)



Auditing

Note: All actions performed in the Massachusetts CANS are logged including action performed, user id, date and time. This enables administrators to have an audit trail of activities.

Performance Tip

If application performance appears to be slow, use browser options to clear cookies, history and/or cache. Please see individual browser instructions for specific steps.

Questions or need assistance?
Call Virtual Gateway Customer Service
1-800-421-0938
(617-988-3301 - TTY for the deaf and hard of hearing)
8:30 am to 5:00 pm Monday through Friday